

WAIVER OF DISQUALIFICATION FOR REENLISTMENT/PROMOTION IN THE REGULAR ARMY <small>For use of this form see AR 601-280; the proponent agency is DCSPER</small>											DATE	
											DISQUALIFICATION	
											PARAGRAPH	AR 601-280
TO: <i>(Include ZIP Code)</i>					FROM: <i>(Include ZIP Code)</i>						TYPE	
1. RANK/NAME <i>(Last, First, Middle)</i>											2. SSN	
3. PHYSICAL STATUS	P	U	L	H	E	S	CODE	DATE OF PHYSICAL	DATE OF PROFILE	4. HT.	5. WT.	
BRIEF SUMMARY OF ASSIGNMENT LIMITATIONS										6. SQT DATA		
										PMOS		
										SCORE		
										DATE		
7. TIME LOST DURING CURRENT SERVICE												
DATES <i>(From/To)</i>			NO. OF DAYS			REASON						
8. COURTS-MARTIAL DURING CURRENT TERM OF SERVICE												
TYPE		OFFENSE			DATE OF CONVICTION			SENTENCE				
9. ARTICLE 15 DURING CURRENT TERM OF SERVICE												
ARTICLE/TYPE		OFFENSE			DATE OF CONVICTION			SENTENCE				
10. LETTER(S) OF INDEBTEDNESS												
CREDITOR			AMOUNT			DATE OF LETTER			DISPOSITION			
11. RECOMMENDATION OF COMMANDING OFFICER WITH REASONS AND JUSTIFICATIONS <i>(USE CONTINUATION SHEET PER AR 340-15, IF REQUIRED)</i>												
12. LIST OF ENCLOSURES <i>(Double column, if necessary)</i>												
13. TYPED NAME, RANK AND BRANCH OF COMMANDER								SIGNATURE				